

International Membership Application

for countries other than the United States or Canada

Enjoy the Benefits of ACCP International Membership!

We are pleased that you are interested in joining the American College of Chest Physicians (ACCP). The ACCP is a multidisciplinary international medical society with over 16,000 active members representing the patient care team in over 100 countries.

YOU QUALIFY IF:

- You are a physician who has completed your medical education and are interested in cardiopulmonary medicine or surgery, critical care, or related disciplines and are engaged in clinical medicine, research, teaching, or administration. Training in a subspecialty is not required. If you are not a physician, you must have a doctoral degree from an accredited graduate institution.
- You are board-certified in your primary specialty, such as internal medicine and/or general surgery (if you practice in a country with certifying bodies), and have a license to practice medicine.

PLEASE NOTE:

- The cost of international membership, including the journal *CHEST*, is less than a subscription to *CHEST*.
- Members are entitled to most privileges of membership and may participate in ACCP activities and the work of its committees but cannot vote in ACCP elections. Members may only hold office if appointed by the ACCP President.
- Members may not use the designation of "FCCP" or "MCCP" after their names.
- If you are a specialist (consultant) physician in pulmonology/respirology, critical care medicine, cardiology, cardiothoracic surgery, allergy and immunology, or anesthesiology, please review the Fellow (FCCP) requirements on the next page.

E-MEMBERSHIP OPTION: INFORMATION AND BENEFITS

e-Membership brings you most ACCP communications electronically, including the journal *CHEST*. e-Members will not receive the printed version of the *CHEST* journal or other ACCP publications in the mail.

- e-Members pay lower dues. The e-member dues rate is based on the World Bank Classification of Gross National Income and will vary by country.
- An e-newsletter, *ACCP e-News*, keeps e-members informed about ACCP educational programs and other offerings with direct links to our Web site.

With e-membership, you will receive the same educational discounts and other membership benefits as traditional Members or Fellows. This program is voluntary. You can apply for either type of membership by indicating your preference under "PAYMENT INFORMATION."

ACCP e-Membership Dues Per World Bank Classification

**Please note: The e-membership dues below include a one-time \$50 application fee.
After 1 year of membership, your e-membership dues will be reduced by \$50.**

Country	Dues	Country	Dues	Country	Dues
Albania	\$146	Hungary	\$146	Panama	\$146
Angola	\$146	Iceland	\$170	Peoples Rep of China	\$146
Argentina	\$146	India	\$122	Peru	\$146
Australia	\$170	Indonesia	\$146	Philippines	\$146
Austria	\$170	Iran	\$146	Poland	\$146
Bahamas	\$170	Iraq	\$146	Portugal	\$170
Bahrain	\$170	Ireland	\$170	Qatar	\$170
Bangladesh	\$122	Israel	\$170	Romania	\$146
Barbados	\$146	Italy	\$170	Russia	\$146
Belgium	\$170	Jamaica	\$146	Saudi Arabia	\$170
Bolivia	\$146	Japan	\$170	Serbia	\$146
Bosnia-Herzegovina	\$146	Jordan	\$146	Singapore	\$170
Brazil	\$146	Korea (North)	\$122	Slovakia	\$146
Brunei	\$170	Kuwait	\$170	Slovenia	\$170
Bulgaria	\$146	Lebanon	\$146	South Africa	\$146
Chile	\$146	Lithuania	\$146	South Korea	\$170
Colombia	\$146	Luxembourg	\$170	Spain	\$170
Costa Rica	\$146	Macau PRC	\$170	Sri Lanka	\$146
Cuba	\$146	Macedonia	\$146	Sudan	\$122
Cyprus	\$170	Malaysia	\$146	Sweden	\$170
Czech Republic	\$146	Malta	\$170	Switzerland	\$170
Denmark	\$170	Mauritius	\$146	Syria	\$146
Dominican Republic	\$146	Mexico	\$146	Taiwan ROC	\$170
Ecuador	\$146	Morocco	\$146	Thailand	\$146
Egypt	\$146	Myanmar	\$122	Trinidad and Tobago	\$146
El Salvador	\$146	Nepal	\$122	Tunisia	\$146
Estonia	\$146	Netherlands	\$170	Turkey	\$146
Finland	\$170	Netherlands Antilles	\$170	United Arab Emirates	\$170
France	\$170	New Zealand	\$170	United Kingdom	\$170
Germany	\$170	Nicaragua	\$122	Uruguay	\$146
Greece	\$170	Nigeria	\$122	Venezuela	\$146
Guatemala	\$146	Norway	\$170	Vietnam	\$122
Honduras	\$146	Oman	\$146		
Hong Kong PRC	\$170	Pakistan	\$122		

For countries not on this list, please contact e-membership@chestnet.org for e-membership dues information.

INTERNATIONAL FELLOW (FCCP) REQUIREMENTS

- Be a specialist (consultant) recognized in your community in disciplines related to chest medicine, surgery, or critical care, and devote a major portion of your practice to diseases of the chest.
- Be sponsored by two members of the ACCP, who reside in your country, preferably ACCP Fellows who will be contacted for endorsements.
- Have at least 3 years' experience after completion of specialty training. This training is acceptable if you are a graduate of an approved medical school and certified by a qualified examining body.
- If a qualifying specialty board certification examination is not available, a minimum of 6.5 years of practice experience is required after completion of your subspecialty training.
- If you are not a physician, you must have a doctoral degree from an accredited graduate institution. Such degrees would include but not be limited to PhD, PharmD, or DNSc. You need expertise satisfactory to the ACCP Credentials Committee, and you need to work a major portion of time in a discipline related to cardiopulmonary medicine, critical care, or surgery. After completion of formal training, you need at least 3 years of applied experience in the discipline.
- Only after receiving notification of acceptance into Fellowship in the ACCP may you begin to use the designation "FCCP." Fellowship is acknowledged by a formal Certificate of Fellowship awarded at the convocation ceremony during the ACCP's annual CHEST meeting.
- Fellow applicants are initially accepted as a Member and begin receiving Member benefits almost immediately. You will be considered a Member until you have been notified of your election as an ACCP Fellow (FCCP).

PLEASE NOTE: If you believe you meet the requirements for Fellow, you must complete page 3 of this form.

NETWORKS – A FREE MEMBER BENEFIT

NetWorks are interdisciplinary interest groups providing the opportunity for your personal and professional alliance with the ACCP. You are encouraged to get involved in ACCP activities by joining one or more NetWorks. Each NetWork meets once a year at the annual CHEST meeting and communicates throughout the year via e-mail and teleconference. Please indicate your NetWork

choice(s) in the list below. Your e-mail address will automatically be added to the mailing list for each NetWork you select. For more information about the individual NetWorks, please refer to ACCP's Web site: www.chestnet.org. Please be advised that you will receive quarterly e-mail communications from each NetWork you select below.

- | | |
|---|---|
| <input type="checkbox"/> Affiliate | <input type="checkbox"/> Occupational and Environmental Health |
| <input type="checkbox"/> Airways Disorders | <input type="checkbox"/> Palliative and End-of-Life Care |
| <input type="checkbox"/> Allied Health | <input type="checkbox"/> Pediatric Chest Medicine |
| <input type="checkbox"/> Chest Infections | <input type="checkbox"/> Practice Administration |
| <input type="checkbox"/> Cardiovascular Medicine and Surgery | <input type="checkbox"/> Private Practice |
| <input type="checkbox"/> Clinical Pulmonary Medicine | <input type="checkbox"/> Pulmonary Physiology, Function, and Rehabilitation |
| <input type="checkbox"/> Critical Care | <input type="checkbox"/> Pulmonary Vascular Disease |
| <input type="checkbox"/> Cultural Diversity in Medicine | <input type="checkbox"/> Respiratory Care |
| <input type="checkbox"/> Disaster Response | <input type="checkbox"/> Sleep Medicine |
| <input type="checkbox"/> e-Advisory | <input type="checkbox"/> Thoracic Oncology |
| <input type="checkbox"/> Home Care | <input type="checkbox"/> Transplant |
| <input type="checkbox"/> Interstitial and Diffuse Lung Disease | <input type="checkbox"/> Women's Health |
| <input type="checkbox"/> Interventional Chest/Diagnostic Procedures | |
| <input type="checkbox"/> Members in Industry | |

International Membership Application

CONTACT INFORMATION

Please print or type all information, and list your name EXACTLY as you would have it appear on all official documents. Please be specific. An incomplete application will delay the review process.

Last/Sur/Family Name

Office Phone Country Code City Code Local Number

First Name Middle Initial

Fax Country Code City Code Local Number

Country of Birth

Home Phone Country Code City Code Local Number

Date of Birth Month / Day / Year Male Female

e-Mail Address

Confidential - Required for online authentication

Primary Address Specify: Home Office

Required: Please Indicate Category Below

Applying for: Member Fellow

This is the address that will be used for the ACCP mailings. This address will appear in the online Membership Directory if no other is listed under Directory Address below.

Line 1

Line 2

Line 3

City / Province / Country / Postal Code

Directory Address (optional) Specify: Home Office

Line 1

Line 2

Line 3

City / Province / Country / Postal Code

FOR OFFICE USE ONLY - Endorsements: Do not fill in I recommend for Fellow
_____ Governor
_____ Regent
_____ Date
_____ Application Number



3300 Dundee Road, Northbrook, Illinois 60062-2348 • USA
Phone: (847) 498-1400 • Fax: (847) 498-5460
e-Mail: member@chestnet.org • www.chestnet.org

EDUCATIONAL BACKGROUND/PROFESSIONAL EXPERIENCE

Degree	Name and Location of Institution(s)	Degree	Date Received
Medical School			
Postgraduate Education (PhD, MS, etc)			

Postgraduate Training	Name and Location of Hospital(s) / Institution(s)	Specialty	Date Completed
Internship/International Equivalent			
Residencies/International Equivalent			
Fellowship (completed)			

Certification Boards Please list the specialty board/certification(s) you have earned in the order received, from the first to the most recent. If a Royal College certificate, indicate whether Fellow or Member.

Board	Country	Certification Date (Month/year, if applicable)	Certificate # (If applicable)

Specialty

Primary Specialty (eg, General Surgery, Internal Medicine)

Subspecialty (eg, Respiriology, Intensive Care, Cardiothoracic Surgery)

Current Professional Responsibilities List all current professional responsibilities (private practice, research, teaching, administration, hospital, appointments, academic appointments).

Responsibility/Task	Name of Institution(s) or Location of Private Practice	From	To

Present Employment Please indicate the activity that serves as your principal source of income.

- | | |
|---|--|
| <input type="checkbox"/> Self-employed Solo Practice
<input type="checkbox"/> Small Group Physician Practice (five or less)
<input type="checkbox"/> Group Practice Subspecialties, Multi/Single Clinic
<input type="checkbox"/> Training Program Director | <input type="checkbox"/> Teaching/Academic
<input type="checkbox"/> Government Hospital
<input type="checkbox"/> Private Hospital
<input type="checkbox"/> Other (Please Specify) _____ |
|---|--|

FELLOW (FCCP) APPLICATIONS ONLY

Professional Time Allocation Please indicate the percentage of your time spent on the following current professional responsibilities (your percentage should total 100%)

_____ % Clinical Care _____ % Teaching _____ % Research _____ % Administration _____ % Industry
_____ % Consulting _____ % Other (describe) _____

Professional Concentration Percentage of total professional activity devoted to the specific diagnosis, treatment, and research in cardiopulmonary and related diseases (*ie*, cardiology, pulmonary disease, thoracic or cardiovascular surgery, critical care, hypertension, etc)

_____ %

Sponsors Your sponsors' signatures are not required on this application, but their names and addresses must be included. They must be Members, preferably Fellows, of the ACCP. They should be familiar with your current professional activities. For a list of Members/Fellows in your area, please e-mail memberquestions@chestnet.org.

1. Name _____
Address _____
City/Province/Country/Postal Code _____
Office Phone Country Code City Code Local Number _____
e-Mail _____

2. Name _____
Address _____
City/Province/Country/Postal Code _____
Office Phone Country Code City Code Local Number _____
e-Mail _____

All application forms MUST be accompanied by payment of the first year's annual dues and application fee.

Submitting this application with your dues and fees entitles you to immediately become a Member of the ACCP and receive all the benefits of membership. If you are applying for Fellowship (FCCP), you will be considered a Member until you have been notified of your election as a Fellow (FCCP) of the ACCP.

PAYMENT INFORMATION

Traditional Membership

\$224 (US) includes one-time \$50 application fee

e-Membership

\$_____ (US) includes one-time \$50 application fee
Refer to the ACCP e-Membership Dues Per World Bank
Classification insert.

Credit Card Payment (preferred)

VISA American Express Mastercard

_____ Credit Card Number _____ Expiration Date

_____ Signature _____ Date

Check Payment (payable to the American College of Chest Physicians)

_____ Check/Money Order No. (in US currency drawn on a US bank)

Until I expressly revoke my consent, by signing this document, I hereby consent to the American College of Chest Physicians (ACCP) sending to me materials advertising the commercial availability or quality of ACCP's property, goods, or services.

Signature

Date

Return signed and completed application with your payment to:
ACCP Membership • American College of Chest Physicians • 3300 Dundee Road, Northbrook, Illinois • 60062-2348 USA
or Fax to: (847) 498-5460.